

<b>Case Number:</b>	CM13-0017543		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/24/2004
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported an injury on 01/24/2004 with the mechanism of injury being a pallet fell on the patient's foot. The diagnoses were noted to include lumbar facet syndrome, lumbar sprain/strain, low back pain, lumbar radiculopathy, and chronic pain. The request was made for outpatient left lumbar facet block to unstated level, either a radiofrequency or Botox injection to peroneal neuroma, decision for 4 physical therapy sessions, and the purchase of 1 TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**outpatient left lumbar facet block at unstated level, either a radiofrequency or a Botox injection of peroneal neuroma:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Low Back, Chapter Ankle/Foot, Chapter Pain, Web Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Botox Page(s): 25.

**Decision rationale:** ACOEM Guidelines address radiofrequency neurotomy facet injections and indicate they should only be performed after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks and it indicates that Botox is not

recommended for chronic pain, but recommended for cervical dystonia. The clinical documentation submitted for review indicated the patient had temporary relief with an injection of the nerve close to the neuroma on 04/11/2013. However, the clinical documentation submitted for review failed to provide the level for the requested injection and failed to provide the functional benefit of the injection for the patient. Neither California MTUS nor ACOEM Guidelines address lumbar facet blocks. Per Official Disability Guidelines diagnostic block is recommended when there is a clinical presentation of facet joint pain signs and symptoms including tenderness to palpation of the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. The clinical documentation submitted for review indicated the patient had a straight leg raise that was negative bilaterally except for mild pain into the right foot; had palpable tenderness over the paraspinal region over the paraspinal facets. There was lack of documentation indicating the patient had a normal sensory examination. The clinical documentation additionally failed to provide the level for the requested injection. The request for a lumbar facet block was not supported. Given the above and the lack of clarification as to the level being requested, and the lack of documentation of functional response regarding the Botox injection, the request for outpatient left lumbar facet block at unstated level, either a radiofrequency or a Botox injection to peroneal neuroma is not medically necessary.

**4 physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide the prior treatments the patient had as the injury was noted to have taken place in 2004 and failed to provide the patient's response to the prior physical therapy as well as documentation of any remaining functional deficits to support ongoing therapy. It was noted that the request was for 4 to 6 visits to get the patient improved on the home exercise program and to try home modalities that could be transitioned to home usage such as a TENS unit. Given the above, the request for 4 physical therapy sessions is not medically necessary

**purchase of 1 TENS unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

**Decision rationale:** California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality, but may be considered as a 1 month home-based trial for patients with neuropathic pain when it is used as an adjunct to a program of evidence-based functional restoration. The criteria is noted to include chronic intractable pain with documentation of pain of at least 3 months in duration with documented evidence that other appropriate pain modalities have been trialed including medications and failed. The clinical documentation submitted for review failed to provide this unit would be used as an adjunct therapy and it failed to provide documentation that other appropriate pain modalities have been tried and failed. The clinical documentation lacked indications to support the purchase versus trial of the unit. Given the above, the request for purchase of 1 TENS unit is not medically necessary